## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

ppropriate. All further idicated unless correcte inintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new co	orrespondence	address; and/or	r (b) indicating a sepa	TRIE FEE ADDRESS TO	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
		<sup>//2006</sup> COPERTY LAW G	ROUP, PLLC	I hereby certi States Postal	Certificate fy that this Fee( Service with suf	of Mailing or Trans	g deposited with the United st class mail in an envelope	
VIENNA, VA 2		Hand-delivered (Depositor's name)						
							(Signature)	
							(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/987,453	09/987.453 11/14/2001			Gaku Yamamura PU01-01150 6751				
TILE OF INVENTION TO STATE OF THE STATE OF T		ECORDING AND REI	PRODUCING APPAR	RATUS WIT	H A RING BU	JFFER AND METH	OD FOR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. P	AID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0	\$1700	10/27/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	5				
SHIBRU, HELEN 2621			386-046000					
. Change of correspondence address or indication of "Fee Address" (37 ER 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having defalted the BERNET CCCOCCS 09987453 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents of the page is listed, no name will be printed.  22 FC:1504  360.09  370.09					
		A TO BE PRINTED ON	THE PATENT (print of	or type)	93 Ft:800		15.00 OP	
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	data will appear on to T a substitute for filing	the patent. If g an assignme	111.		locument has been filed for	
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Fukuroi-shi, Shizuoka-ken, JAPAN							
Corporal				_ ′		•	N oup entity Government	
lease check the appropr	riate assignee category o	r categories (will not be p				<u> </u>		
a. The following fee(s) are submitted:    Size   Issue   Fee     Publication   Fee (No small entity discount permitted)     Advance   Order - # of Copies   5			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0481 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
	itus (from status indicate						encies only	
a. Applicant claim	ns SMALL ENTITY stat	us. See 37 CFR 1.27.				TITY status. See 37 C		
NOTE: The Issue Fee ar nterest as shown by the	nd Publication Fee (if rec records of the United St	ates Patent and Trademar	k Office.	nan me applic	ani, a registered	attorney or agent, or t	he assignee or other party in	
Authorized Signature	Hn 1.	Ond		Date	October	<b>25</b> , 2006		
Typed or printed nam	<sub>ne</sub> John J. Dr	Registration No. 46,672						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.